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## Gallatin City-County Health Department

**Environmental Health Services**  
215 W. Mendenhall, Rm 108  
Bozeman, MT 59715-3478  
406-582-3120 • Fax: 406-582-3128

### Detached Structure

Property Owner \_\_\_\_\_

Address of Site \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot/Tract: \_\_\_\_\_ Block \_\_\_\_\_

COS \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Size of Parcel: \_\_\_\_\_ acres

Description of structure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the detached structure described above will have plumbing but will not have bedroom/sleeping or kitchen facilities and will be for private/personal use only.

I also understand that failure to abide by the above restrictions may void my permit and could cause premature failure of my septic system.

Printed Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Must be signed by the legal property owner*